

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 11-26-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the purchase of outpatient medications Tizanidine, Zonegran, Zoloft, Actiq, and Ambien in December 2002 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 12/2/02 through 12/30/02 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 15th day of March 2004.

Regina Cleave
Medical Dispute Resolution Officer
Medical Review Division
RC/rc

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 11, 2004

MDR Tracking #: M5-04-0912-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Anesthesiologist reviewer (who is board certified in Pain Management and Anesthesiology) who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant complained of pain in the right knee that was gradual in onset. Because of this she was diagnosed with degenerative changes in the right knee and underwent 2 arthroscopies which did not provide any significant relief of her pain. The claimant was then felt to have developed a chronic regional pain syndrome secondary to the knee arthroscopies. The claimant was treated by _____. The claimant is currently maintained on multiple different oral medications and has had placement of a spinal cord stimulator. Included in the chart were 2 reviews, the first done by _____ in October 2002 and the second done by _____ dated 5/2/03.

Requested Service(s)

Purchase of outpatient medications in December 2002 to include Tizanidine, Zonegran, Zoloft, Actiq, Ambien.

Decision

I agree with the insurance carrier that these medications are not medically necessary or reasonable.

Rationale/Basis for Decision

This decision is based solely on medical necessity, without regard to my opinion as to whether current symptomatology is related to the compensable work injury. There is not significant documentation to support that the current medications are effective at alleviating/reducing the patient's symptoms. Notes from _____ were reviewed which shows pain remaining at 9/10 on medication. In order for medications to be considered medically necessary, there needs to be documentation as to how they are providing symptomatic relief and/or functional improvement. Some medications, as an example Ambien, are only recommended for short-term use, and periodic assessment of efficacy is needed. The provided documentation does not sufficiently address the above issues, therefore, they are not considered to be medically necessary.